

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2438449

Date Received:

05/11/2015

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 52530

2. Name of Operator: MAGPIE OPERATING, INC

3. Address: 2707 SOUTH COUNTY RD 11

City: LOVELAND

State: CO

Zip: 80537

4. Contact Name: RYAN WARNER

Phone: (720) 233-0875

Fax:

Email: MAGPIEOIL@YAHOO.COM

5. API Number 05-069-06159-00

7. Well Name: PROCTOR-SKAER

6. County: LARIMER

Well Number: 1-A

8. Location: QtrQtr: SWNW

Section: 31

Township: 5N

Range: 68W

Meridian: 6

9. Field Name: LOVELAND

Field Code: 52000

Completed Interval

FORMATION: CODELL

Status: SHUT IN

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation: 06/21/1983

Perforations

Top: 4843

Bottom: 4853

No. Holes: 21

Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

CEMENT PLUG USED DUMP BAILER TO SPOT 85 GAL SAND & 32 GAL CEMENT THROUGH THE CODELL PERFS TO PLUG OFF.

This formation is commingled with another formation:

☒ Yes ☐ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: UNK, POSSIBLE CASING LEAK

Date formation Abandoned: 10/28/1992 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: RYAN WARNER

Title: VP Date: 5/8/2015 Email: MAGPIEOIL.YAHOO.COM
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Attachment Check List

Att Doc Num **Name**

2438449	FORM 5A SUBMITTED
2438450	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)